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Message: New Contract Invoicing and Reporting Info

New Contract Invoicing and Reporting Info

From Kraft, Emily Date Friday, January 27, 2017 9:45 AM

To 'Abigail Chisom'

Cc

Quarterly Expenditure Report.xlsx (20 Kb HTML) **LCPSC Invoice Template.xlsx** (16 Kb HTML)

Hi Abigail,

Congratulations on the award of your new Alternatives to Abortion contract!

I wanted to take this opportunity to go over how the new invoicing process works, as you will no longer have the ability to generate invoices with the new Alternatives to Abortion system.

There are two forms attached to this email: the Monthly Invoice Template and the Quarterly Expenditure Form.

Monthly Invoice Form

The Monthly Invoice Form must be completed **at the beginning of each month** for that month (i.e. you will submit the February 2017 invoice at the beginning of February). Your award amount for the remainder of FY17 and the monthly award amount have been populated for you. The only fields you are able to modify on this form are the invoice number, date, service period, prior invoiced total, and quarterly expenditure adjustment. All the remaining fields are password protected and are only to be changed by me. February should be pretty simple, but if you have any questions on how this needs to be filled out, please let me know.

Quarterly Expenditure Report (QER)

The QER must be filled out at the end of each quarter (quarter ending dates are March 31, June 30, September 30, and December 31). If the QER shows that your expenditures are less than the amount paid to you for that quarter, you will enter the difference in the "Quarterly Expenditure Adjustment" field of that month's invoice (this will be a negative number, so please double check that it is). If you claim more expenditures for reimbursement than was paid to you for that quarter, you will again put the difference in the "Quarterly Expenditure Adjustment" field on the invoice (this time, it will be a positive number and will add to your "total due" field).

For example, for the months of July through September, you were paid \$75,000 total, but you only had \$67,000 in expenditures as reported on your QER. On the October invoice, you would enter - \$8,000 for the quarterly expenditure adjustment, and the total payment for that month would show \$17,000.

If you have questions as to how the Quarterly Expenditure Report needs to be filled out, **please direct** those questions to Joy Benne at (573) 751-7027. I would recommend familiarizing yourself with this form and getting your questions answered sooner rather than later.

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Case File Review Reports

Section 2.4.3 requires that case file review reports be submitted on February 15, June 15, and October 15. As the contract is starting so close to February 15, I am not requiring you to submit a case file review report for this date. **Your first report will be due June 15**. Case file review reports can be as simple as an email or Word document describing which client files were reviewed, which case manager serves that client, any deficiencies that were found, and how you plan to correct any deficiencies that were found. Please also make it clear which month the file was reviewed and which subcontractor the case manager is from. For example:

February Case File Reviews

Client: Jessica Smith

Case manager: Tina Jacobs

Subcontractor: ABC Subcontractor

Date reviewed: 2/10/17

Case file deficiencies: Client delivered on 12/14/16, but the client's birthing outcome has not yet

been entered. All other records required by 2.4.1 are present in the case file.

Corrective action: Case manager has been notified of the deficiency and will be entering this data. A

follow-up check will be completed by 2/28/17 to ensure the data is entered.

Client: Andrea Thompson **Case manager:** Jerri Jones

Subcontractor: 123 Subcontractor

Date reviewed: 2/11/17

Case file deficiencies: None. All records required by 2.4.1 are present in the case file.

Corrective action: N/A

March Case File Reviews

Client: Jennifer Lee

Case manager: Cheryl Loeb

Subcontractor: ABC Subcontractor

Date reviewed: 3/5/17

Case file deficiencies: Records indicate client received rental assistance for November 2016, but no

receipt is present. All other records required by 2.4.1 are present in the case file.

Corrective action: Case manager has been notified of the deficiency and has requested a copy of the rent check from Accounting. A follow-up check will be completed by 3/31/17 to ensure the copy is

entered into the case file.

Again, if you have any questions, please let me know.

Emily Kraft

Alternatives to Abortion Program Manager Truman Building, Room 430 Jefferson City, MO 65102 Phone: (573) 522-0003

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Exenditure

	A Missouri Office Administration	-	С	D	E	F	G	Н
	FFY17 A2A Quar	terly						
1	Expenditure Rep	•						
2	3 i L	Contract						
3	Agency Name]	Number:						
4	Program Year July 1, 2 September 30, 2011	7						
5	Revenue	Federal (TANF)						
6	Revenue Request	\$ -						
7	1····	~						
	Indirect		(Rate					
	Administrative		X					
8	Costs Calculations		Base)					
	Option							
	1: Federally							
•	Negotiated Indirect							
9	Cost Rate (FNICR)	ø	¢					
10	Application Base: Federally Negotiated	\$ -	\$ -					
11	Indirect Cost Rate (FNICR): %	0.00%)					
	Total Indirect							
	Administrative	\$ -						
12	Costs							
13	OR							
	Option 2: 10% De							
	Minimus (use if no							
14	FNICR)							
	Application Base: Modified Total Direct	\$ -	\$ -					
	Administrative Cost							
16	man	10%)					
	Total Indirect	ø						
17	Administrative Costs	\$ -						
	Direct	Federal						

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	Administrative	(TANF)
18	Costs	
	Program Salaries and	\$ -
19	Wages	φ-
20	Employee Benefits	\$ -
21	Employee Travel	\$ -
22	Employee Training	\$ -
23	Office Rent/Space	\$ -
24	Office Utilities	\$ -
25	Facility Insurance	\$ -
26	Office Supplies (under \$5,000)	\$ -
	Equipment (Capitol	
	Equipment over	\$ -
27	\$5,000 threshold)	
	Office	\$ -
28	Communications	4
20	Office Repairs and Maintenance	\$ -
	Contract/Consulting	\$ -
	· ·	\$ - \$ -
31		D -
32	(add other categories as needed)	\$ -
	· · · · · · · · · · · · · · · · · · ·	
	Total Direct	Φ
33	Administrative Cost	\$ -
		\$ -
	Administrative Cost Less: Equipment (Capital	\$ -
34	Administrative Cost Less: Equipment (Capital Equipment over the	\$ -
34	Administrative Cost Less: Equipment (Capital Equipment over the \$5,000 threshold)	
34	Administrative Cost Less: Equipment (Capital Equipment over the \$5,000 threshold) Contracting/Consulting	
34	Administrative Cost Less: Equipment (Capital Equipment over the \$5,000 threshold) Contracting/Consulting (amount of each	
34 35	Administrative Cost Less: Equipment (Capital Equipment over the \$5,000 threshold) Contracting/Consulting (amount of each contract service over	0
34 35	Administrative Cost Less: Equipment (Capital Equipment over the \$5,000 threshold) Contracting/Consulting (amount of each	0
343536	Administrative Cost Less: Equipment (Capital Equipment over the \$5,000 threshold) Contracting/Consulting (amount of each contract service over \$25,000)	0
34 35 36 37	Administrative Cost Less: Equipment (Capital Equipment over the \$5,000 threshold) Contracting/Consulting (amount of each contract service over \$25,000) Other based on definition Modified Total Direct	0 0
343536	Administrative Cost Less: Equipment (Capital Equipment over the \$5,000 threshold) Contracting/Consulting (amount of each contract service over \$25,000) Other based on definition	0 0 \$ -
343536373839	Administrative Cost Less: Equipment (Capital Equipment over the \$5,000 threshold) Contracting/Consulting (amount of each contract service over \$25,000) Other based on definition Modified Total Direct Administrative Cost Participant Services	0 0 \$ - Federal (TANF)
34 35 36 37 38 39 40	Administrative Cost Less: Equipment (Capital Equipment over the \$5,000 threshold) Contracting/Consulting (amount of each contract service over \$25,000) Other based on definition Modified Total Direct Administrative Cost Participant Services Transportation	0 0 \$ - Federal (TANF) \$ -
34 35 36 37 38 39 40 41	Administrative Cost Less: Equipment (Capital Equipment over the \$5,000 threshold) Contracting/Consulting (amount of each contract service over \$25,000) Other based on definition Modified Total Direct Administrative Cost Participant Services Transportation Job Training	0 0 \$ - Federal (TANF) \$ - \$ -
34 35 36 37 38 39 40 41	Administrative Cost Less: Equipment (Capital Equipment over the \$5,000 threshold) Contracting/Consulting (amount of each contract service over \$25,000) Other based on definition Modified Total Direct Administrative Cost Participant Services Transportation Job Training Tuition Assistance	0 0 \$ - Federal (TANF) \$ -
34 35 36 37 38 39 40 41 42	Administrative Cost Less: Equipment (Capital Equipment over the \$5,000 threshold) Contracting/Consulting (amount of each contract service over \$25,000) Other based on definition Modified Total Direct Administrative Cost Participant Services Transportation Job Training Tuition Assistance Contracted Residential	0 0 \$ - Federal (TANF) \$ - \$ -
34 35 36 37 38 39 40 41 42 43	Administrative Cost Less: Equipment (Capital Equipment over the \$5,000 threshold) Contracting/Consulting (amount of each contract service over \$25,000) Other based on definition Modified Total Direct Administrative Cost Participant Services Transportation Job Training Tuition Assistance Contracted Residential Care	0 0 \$ - Federal (TANF) \$ - \$ - \$ -
34 35 36 37 38 39 40 41 42 43	Administrative Cost Less: Equipment (Capital Equipment over the \$5,000 threshold) Contracting/Consulting (amount of each contract service over \$25,000) Other based on definition Modified Total Direct Administrative Cost Participant Services Transportation Job Training Tuition Assistance Contracted Residential Care Utility Assistance	0 0 \$ - Federal (TANF) \$ - \$ - \$ -

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46	Housing Assistance	\$ -			
47	(add others as needed)	\$ -	\$ -		
48	Total Participant Costs	\$ -			
49					
50					
	I hereby certify that t	_			
	taken from the origin				
	Account and that budge				
	valid and consistent wit		ns of		
51	the contrac	it.			
	Signature of	Date			
	Authorized				
E 2	Representative of				
	[Insert Agency Name]				
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Invoice

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					<u>lternatives</u>							
_					o Abortion							
1				<u>lr</u>	<u>nvoice</u>							
2												
3	Contract #	CS170042005				Vendor Name:	Lacled Suppo			Pregn	ancy	
•	Vendor	43169397000/M	ים מרטחם ב	17		Vendor	P.O. E	20v 1	272			
4	Number:	45109597000/10	10000976.	L/		Address:	Lebar					
5							6553		IVIO			
6							0333	U				
O		Office										
	Bill To:	Office of										
7	BIII 10:	Administration										
•		Commissioner's										
8		Office										
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		Capitol										
		Ave,										
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9		125										
		Jefferson										
		City,										
		MO										
10		65101										
11												
	Invoice											
	Number:											
	Invoice Date:											
	Service											
	Period:											
15												
16												
	Total		Prior		Monthly							
	Contracted		Invoiced		Award							
17	Allocation		Total		Amount							
18												

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19 \$ 89,272.92	\$ - \$ 17,854.58
20	
Quarterly	
expenditure	\$ -
21 adjustment:	
22	
23 Total Due:	\$ 17,854.58
24	
Allocation	\$ 71,418.34
25 Remaining	J / 1,410.54
26	
27	
28	
29	
30 Signature:	
31	
32	
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